Effective October 1, 2000												
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL EN		OR	OTHER SMALL	
TOTAL CLAIMS			23				[	RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			23 minus 20=		• 3			X\$ 9=		OR	X\$18=	54
INDEPENDENT CLAIMS			minus 3 =		3			X40=		OR	X80=	240-
MULTIPLE DEPENDENT CLAIM PRESENT								+135=		OR	+270=	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	1904
CLAIMS AS AMENDED - PART II											OTHER	THAN
(Column 1) (Column 2) (Cotumn 3)								SMALL		OR	SMALL	
MT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	.23	Minus	:	3	- Ø		X\$ 9=		OR	X\$18=	
ME	Independent	· 6	Minus	***	6	= 80		X40⇒		OR	X80=	
Ĺ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		OR	+270=	
	(Column 1) (Column 2) (Column 3)							TOTAL		OR	TOTAL ADDIT, FEE	
H							_	ADDIT. FEE				
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUN PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NO P	Total	.23	Minus	.2	3	8		X\$ 9=		OR	X\$18=	
AME	independent	.6	Minus	عر				X40=		OR	X80=	/
F	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		OR	+279=	
								YOTAL ADDIT. FEE		OR	ADDIT. FEE	
1		(Column 1)		(Colu	ımn 2)	(Column 3)	_					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUI PREV	HEST MBER HOUSLY O FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	••		2		X\$ 9=		OR	X\$18=	ï
KEI	Independent	•	Minus	•••		-		X40=		OR	X80=	
Ľ	FIRST PRESE	NTATION OF N	IULTIPLE DE	PENDEN	IT CLAIM		1	+135=		OR		
	if the entry in colu	mn 1 is less than	the entry in col	umn 2, wri	ite "0" in co	lumn 3.	\ -	TOTAL		OR	TOTAL	
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number tound in the appropriate box in column 1.												

Application or Docket Number